

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
REPORT OF LOSS, DAMAGE, OR DESTRUCTION OF PROPERTY
ACCOUNTABLE TO CONTRACTS

RSVD FOR CONTROL NO.)

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INSTRUCTIONS: COMPLETE ALL ENTRIES AS APPROPRIATE, REPORT OF CIRCUMSTANCES MUST INCLUDE ALL KNOWN SPECIFICS PERTINENT TO THIS REPORT IE, DATE & TIME DISCOVERED, NAME OF ACCOUNTABLE PERSON, WHETHER REMUNERATION IS INVOLVED, ESTIMATED COST OF REPAIRS OR REPLACEMENT IF REQUIRED, AND ACTION TAKEN TO PRECLUDE FUTURE SIMILAR OCCURENCES, RECOMMEND SPECIFIC RELIEF OR LIABILITY.

PCC NO.

TO	PROPERTY MANAGEMENT OFFICER	CONTRACT NO.	CUSTODIAL CODE
THRU	CONTRACTING OFFICER	CONTRACTOR	
FROM	CONTRACT PROPERTY ADMINISTRATOR	LOCATION	

ATTACHMENTS

CONTRACTOR DECLARES THAT LISTED PROPERTY IS	MISSING	DAMAGED	DESTROYED	STOLLEN
STATUS OF CONTRACTOR'S REPORTING COMPLIANCE	REPORTED TO POLICE	REPORTED TO LOCAL FBI	THEFT NOT REPORTED	NO REPORT REQUIRED

REPORT OF CIRCUMSTANCES & RECOMMENDATIONS

DATE	TYPED NAME OF (PROPERTY ADMINISTRATOR)	SIGNATURE
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PROPERTY DECLARED IN THIS REPORT

ITEM NO.	DESCRIPTION (Include NSN,MFGR,Model,Type,Capacity,Dimensions,etc.)	QUANTITY	MFGR. SERIAL NO.	NIH PROPERTY NO.	COND. CODE	ACQUISITION COST

CONTRACTING OFFICER'S REVIEW

TOTAL COSTS

I CONCUR WITH THE RECOMMENDATIONS OF THE PROPERTY ADMINISTRATOR.	NOR	G/L	TOTAL
I DO NOT CONCUR WITH THE RECOMMENDATIONS OF THE PROPERTY ADMINISTRATOR. SEE MY RECOMMENDATIONS ATTACHED.	SIGN. OF SUPVR. PROP ADMIN		DATE

SIGNATURE	DATE	SUPVR. PROPERTY ADMINISTRATOR
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